

COMMONWEALTH of VIRGINIA

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

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MEMORANDUM

TO: Community Service Boards, Behavioral Health Authorities and
Local Government Department Executive Directors

FROM: James S. Reinhard, M.D. *JSR*

DATE: July 2, 2008

SUBJECT: Mental Retardation Family Survey Report

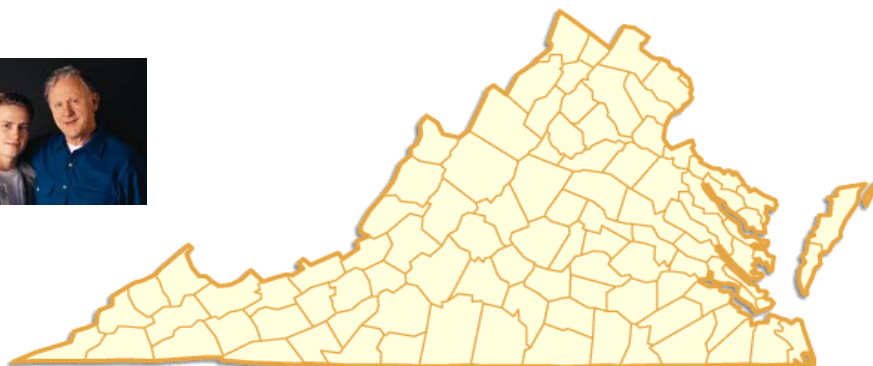
We are enclosing the calendar year 2007 report on the MR Family Survey for you to share with your staff. These are the surveys given to family members or guardians at the annual meeting along with self-addressed and stamped envelope for return to DMHMRSAS. Please remember that the information is statewide and gives us trends in services for those individuals with mental retardation who receive case management services.

Thank you for your efforts and commitment to consumers and families served through these programs, which have been surveyed. If you have additional questions, please contact Dr. Cheri Stierer at (804) 786-0803 or by e-mail at cheri.stierer@co.dmhmrzas.virginia.gov.

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MR/ID Family Survey 2007



June 2008

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Abuse Services
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MR/ID Family Survey 2007

May 2008

Virginia Department of Mental Health, Mental Retardation and Substance Abuse
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I. EXECUTIVE SUMMARY

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) identified family satisfaction with Community Service Boards (CSBs), Behavioral Health Authorities, and other mental retardation (MR) service providers as a performance measure to be assessed on an annual basis. Accordingly, DMHMRSAS administered its seventh annual statewide survey of family satisfaction with mental retardation/intellectual disability supports received from CSBs in 2007. The family satisfaction survey was designed to measure family perceptions of community-based services in the following domains: Family Involvement, Case Management Services, Choice and Access, Healthy and Safe Environment, and Service Reliability in addition to demographic and miscellaneous measures of progress and well-being. The targeted population consists of individuals with intellectual disabilities who have received case management services from a CSB for at least one year, referred to here as the 'focus person'.

Response Rate and Sample Size:

- A total of 1,285 usable surveys were returned from thirty-nine CSBs, almost identical to the 1,251 surveys analyzed last year. Data from one CSB was not analyzed, because it was not returned in time, or was unusable.
- The estimated statewide response rate was 12.2%.
- The number of completed surveys received per CSB ranged from 1 to 103.
- Response rates (*n*) vary from question to question, because respondents do not always complete all the questions or forget to fill out the back page of the survey. The missing data on individual questions also resulted in low counts for the domain scores.

Demographics:

- Of the focus persons, 50.7% were male, 67% were identified as White Non-Hispanic, and 21.6% were African-American Non-Hispanic.
- Less than half, 48.5%, of the focus persons are between 23-59 years of age.
- Nearly 57% of survey respondents indicated that they were the parent of the person with intellectual disabilities, 19% said they were the brother or sister, and 7.7% indicated that they were a service provider to the focus person.
- Slightly less than 97% of the sample received Medicaid.

Domain Scores:

- Close to 96% responded positively on the Family Involvement domain. This is an increase of about 10 percentage points from 2005, six of which are an increase from 2006. This is indicative of an area of improvement and increasing satisfaction.
- In 2007, about 93% of the respondents had a positive perception with regard to the Choice and Access domain, slightly lower than the 96% satisfied in 2006.

- About 98% reported positively in the Case Management domain. This domain area has consistently been high, frequently receiving scores above 97% satisfaction.
- Approximately 33% responded positively on the Service Reliability domain.
- Almost 99% of the respondents positively rated the Healthy and Safe Environment domain. This domain has been one of the highest scoring areas of satisfaction since the survey's inception.

Conclusions

Overall, the majority of respondents who completed surveys about services received by the focus person continue to report positive opinions and perceptions of the services received through CSBs.

- For overall quality of life, about 46% felt that the focus person was better off this year. Nearly 93% felt that the person with intellectual disabilities had progressed "better than expected" or "remained the same." This is near identical to last year's survey conclusions.
- An item in the Family Involvement domain shows that 92% of all respondents that the services provided to the focus person helped relieve stress on the family. All individual questions had high levels of satisfaction, except for whether or not the respondent was able to choose the support staff that work directly with the focus person. Here, only 49% reported satisfaction.
- In the Choice and Access domain, nearly 96% of respondents said they were satisfied with the services and supports currently received by the focus person. On this domain, individual questions ranged from 64.2% to 96.6% of respondents reporting satisfaction.
- Once again, Service Reliability continued to be a source of dissatisfaction. This included areas such as support staff and case manager turnover. It was the lowest rated domain and points to an area in need of improvement. This has continued a pattern identified in previous survey years of low satisfaction.

Limitations

The numbers of surveys received from CSBs ranged from 1 to 103, making it difficult to compare data from one CSB to another. Results of this survey reflect the opinions of only those family members/guardians of an adult person with intellectual disabilities receiving case management who chose to complete and return the survey. Because the survey is a cross-sectional design, these findings reflect the views of family members/guardians only at the time of the survey. Opinions and attitudes are subject to change over time and are captured at one point in time annually: the yearly planning meeting. Despite these limitations, the outcomes from this survey contribute a greater understanding of family member/guardian perceptions about publicly funded, community-based, mental retardation services. The survey outcomes will continue to be important contributions towards identifying areas of improvement for the CSBs for both Waiver and non-Waiver services.

II. BACKGROUND

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified family satisfaction and perceptions of Community Service Boards' (CSBs) and Behavioral Health Authorities' services as a performance measure to be assessed on an annual basis. DMHMRSAS administered its seventh annual statewide survey of family satisfaction with CSB mental retardation services in 2007. DMHMRSAS completed the first family/guardian survey for individuals with intellectual disabilities in 2000. The Mental Retardation Services Survey 2000 was originally based on surveys developed through the National Core Indicators Project (NCI). DMHMRSAS participated in the NCI from 1997 through 1999. This participation has provided Virginia with direct access to the work of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI), including data collection instruments. Since then, the survey has been conducted every year since 2002 under the name "Mental Retardation Services Family Satisfaction Survey." The questionnaire underwent minimal revisions in 2005 and the 2006 survey followed that same version. Revisions were once again done in 2007. Like last year, data will no longer be compared to that obtained by the NCI due to inability to perform risk adjustments needed for comparison.

III. METHODOLOGY

A. Instrument and Analysis

The instrument used for this project is a 35-item questionnaire based in part on surveys developed by the National Core Indicators Project (NCI). The family satisfaction survey was designed to measure family perceptions of community-based services in five areas (domains) as well as a separate section on the overall quality of life improvement of the person with intellectual disabilities. The survey includes six demographic/categorical questions, 24 individual questions that comprise the five domain subscales, and seven miscellaneous questions that ask about quality of life, employment, residential status, and other services received.

All received surveys were scanned using Teleform and then statistically analyzed using SPSS software. A number of procedures and steps were used during the data analysis procedure and will be discussed where applicable in the sections below.

B. Survey Dissemination and Sample

The questionnaire was administered to family members/guardians of an adult with intellectual disabilities who received case management services from a CSB for at least 12 months or more prior to the survey's dissemination, referred to here as the focus person. The focus person may also be receiving other CSB services, such as respite care or employment services. Children and adolescents' families were not included in the

survey since the instrument has not been validated for use with individuals under 18. Surveys were distributed to the family member/guardian during the focus persons' annual planning meeting, with directions to complete the form after the meeting and return by mail in the enclosed envelope. Case managers were encouraged to emphasize the importance of the survey to family members/guardians. If a family member/guardian did not attend the annual meeting, the case manager was instructed to mail the survey and instruction sheet to the proper household. All surveys were completed in privacy and not in the presence of case managers or other CSB staff. Respondents mailed the completed surveys directly to the Office of Mental Retardation in the provided post-paid return envelope.

Due to the manner in which the survey was distributed, it is difficult to identify the exact number of surveys disseminated. It is estimated that 10,531 surveys were handed out, which is roughly 400 more than the previous year. This number represents the number of adults under active case management. This year, 1,285 useable surveys were returned for a response rate of approximately 12.2%, which is near identical to last year's response rate.

Thirty-nine of the forty CSBs had at least one survey completed and returned for analysis. The number of surveys returned from CSBs ranged from 1 to 103. Table 1 presents the number of surveys returned by respondents from each CSB, the percent of the sample this represents, the approximate number of adults receiving case management services (equal to the estimated number of surveys distributed), and the return rate for each CSB.

TABLE 1: Survey Responses by CSBs in 2007

Community Service Board Provider	Surveys Returned	% Of Sample	# Active CM	Return Rate
Alexandria CSB	18	1.4	108	16.6%
Alleghany Highlands CSB	7	0.5	63	11.1%
Arlington CSB	23	1.8	136	16.9%
Blue Ridge Behavioral Healthcare	40	3.1	502	7.9%
Central Virginia CSB	76	5.8	428	17.7%
Chesapeake CSB	70	5.4	253	27.6%
Chesterfield CSB	23	1.8	468	4.9%
Colonial Services Board	8	0.6	145	5.5%
Crossroads Services Board	25	1.9	149	16.7%
Cumberland Mountain CSB	28	2.1	91	30.7%
Danville-Pittsylvania CSB	66	3.1	248	26.6%
Dickenson County CSB	9	0.7	16	56.2%
District 19 CSB	40	3.1	253	15.8
Eastern Shore CSB	13	1.0	143	9.0%
Fairfax-Falls Church CSB	41	3.1	855	4.7%

Community Service Board Provider	Surveys Returned	% Of Sample	# Active CM	Return Rate
Goochland-Powhatan CSB	0	0	45	0
Hampton-Newport News CSB	62	4.8	526	11.7%
Hanover County CSB	26	2.0	87	29.8%
Harrisonburg-Rockingham CSB	49	3.8	231	21.2%
Henrico Area MH & MR Services	103	7.9	572	18.0%
Highlands Community Services	42	3.2	169	24.8%
Loudoun County CSB	22	1.7	119	18.4%
Middle Peninsula-Northern Neck CSB	29	2.2	220	13.1%
Mount Rogers CSB	29	2.2	208	13.9%
New River Valley Community Services	44	1.8	151	15.8%
Norfolk CSB	7	0.5	400	1.7%
Northwestern Community Services	19	1.5	314	6.0%
Piedmont Community Services	59	4.5	267	22.0%
Planning District One CSB	38	2.9	213	17.8%
Portsmouth Dept. of Beh. Healthcare Ser.	19	1.5	233	81.5%
Prince William County CSB	59	4.5	270	21.8%
Rappahannock-Area CSB	38	2.9	218	17.4%
Rappahannock-Rapidan CSB	19	1.5	171	11.1%
Region Ten CSB	23	1.8	275	8.3%
Richmond Behavioral Health Authority	34	2.6	588	5.7%
Rockbridge Area CSB	22	1.7	97	22.6%
Southside CSB	1	0.1	221	0.4%
Valley CSB	9	0.7	279	3.2%
Virginia Beach Dept. of MH/MR/SAS	76	5.8	634	11.9%
Western Tidewater CSB	25	1.9	273	9.1%
Total	1,285	100.0%	10, 531	n/a

IV. RESULTS

A. Consumer/Family Characteristics

The survey included demographic questions such as the focus person's gender, race, and age. Of the sample, 50.7% of the focus persons were male, 67% were White, Non-Hispanic, and 21.6% were African-American, Non-Hispanic. Approximately half of the focus persons were between 23 and 59 years of age.

A parent of the focus person completed 57% of the surveys, 19% were completed by a sibling, and 7.7% of the surveys were completed by a Service Provider. About 55% percent indicated that they saw the focus person on a daily basis and 16% said they saw the person about once a week. The number of responses and the percentages for each demographic and categorical question is displayed below in Table 2.

TABLE 2: Results of Demographic and Categorical Questions

Consumer and Family Characteristics of the Sample	Count	Percentage of Sample
Race of focus person		
<i>White Non-Hispanic</i>	790	67.0%
<i>African American, Non-Hispanic</i>	255	21.6%
<i>Asian or Pacific Islander</i>	15	1.3%
<i>Alaskan Native</i>	1	0.1%
<i>American Indian</i>	82	7.0%
<i>Hispanic</i>	23	2.0%
<i>Other</i>	11	0.9%
Total	1,179	100 %
Gender of focus person		
<i>Male</i>	616	50.7%
<i>Female</i>	598	49.3%
Total	1,214	100 %
Does the focus person have Medicaid?		
<i>Yes</i>	903	96.2%
<i>No</i>	36	3.8%
Total	939	100 %
Age of focus person		
<i>Under 18*</i>	20	1.6%
<i>18 – 22</i>	225	18.0%
<i>23 – 59</i>	608	48.5%
<i>60 – 64</i>	175	14.0%
<i>65 – 74</i>	153	12.2%
<i>75 +</i>	72	5.7%
Total	1,253	100 %
How often do you see the focus person?		
<i>Daily</i>	670	55.1%
<i>Once a week</i>	192	15.8%
<i>Once a month</i>	200	16.4%
<i>A few times a year</i>	55	4.5%
<i>Once per year</i>	86	7.1%
<i>Less than once per year</i>	13	1.1%
Total	1,216	100 %
Relationship to the focus person		
<i>Parent or Guardian</i>	622	56.9%
<i>Brother or Sister</i>	208	19.0%
<i>Husband or Wife</i>	33	3.0%
<i>Aunt, Uncle, or Grandparent</i>	34	3.1%
<i>Service Provider</i>	84	7.7%
<i>Other</i>	113	10.3%

Consumer and Family Characteristics of the Sample	Count	Percentage of Sample
<i>Total</i>	1,094	100 %

* Although this category is listed on the survey, these responses were eliminated from the overall data analysis, as it is a survey of adult consumers.

B. Additional Descriptive Data

Additional descriptive questions on the survey asked about the living situation and employment status of the focus person. A large percentage of respondents (86%) indicated that the focus person had not moved residences in the last year. Slightly more than 10% said the focus person had changed living arrangements once, and less than 2% said the focus person had moved two or more times. These statistics seem to herald residential stability for the focus persons in this sample. In addition, these rates have changed little from year to year, providing further support for the perception that few adults with intellectual disabilities are moving much in any given year.

The employment status of the focus person is likely correlated to his/her individual level of functioning, rather than reflecting the quality of services they received from the CSB and case managers. In this sample, an estimated one-third of the focus persons were employed, with over 26% having retained the same job for at least one year; 23% of whom have held the same job for two or more years. Overall, the percentage of those employed declined slightly from last year's figure of 40%. Once again, it is important to note that intervening variables, such as the economy or job availability, might be related to the drop in employment rather than poor or faulty CSB services. Complete data on employment status and the focus person's living situation are below in Table 3.

The survey also asked about the type of services received by the focus person. Respondents were instructed to select all that apply from among these choices: residential, employment, day support, respite, personal care and other. Case management was not included, because to be eligible to participate in the survey the focus persons had to receive case management services. There were few changes in service receipt from the prior year. In 2007, there were 49 different service combinations received by focus persons in the last year. The top services received included *only* day support services (10.2%; n = 122), the combination of residential and day support services (9.8%; n = 118), and the combination of residential, day support and personal care services (8.5%; n = 102). A little more than 37% of the sample received one additional service to case management, 35% received two additional services, and 22% received some combination of three other services.

TABLE 3: Stability of Living Situation and Employment Status

QUESTIONS	Count	Percent
How many times has their living situation changed in the last year?		
<i>None</i>	1,082	86.2%
<i>Once</i>	129	10.3%
<i>Twice</i>	16	1.3%
<i>Three times</i>	16	1.3%
<i>Four or more times</i>	1	1.0%
Total	1,244	100%
How long has the person with MR been employed?		
<i>Less than 6 months</i>	33	2.8%
<i>6-12 months</i>	48	4.1%
<i>13-24 months</i>	37	3.2%
<i>Over 2 years</i>	271	23.2%
<i>Not employed</i>	777	66.7%
Total	1,166	100%

C. Domain Outcomes

In 2002, the first year of the survey's implementation, factor analysis was run to determine the presence of any subscales that could be used for better data analysis. Factor analysis identified five domains, which were subsequently named:

- Family Involvement.
- Case Management Services
- Choice and Access
- Healthy and Safe Environment
- Service Reliability

In order to transform the individual questions into the proper domain variable several steps were necessary. First, the questions were grouped into their proper domain and then recoded to reflect the original response categories: 1 (Yes/Mostly), 2 (Somewhat), and 3 (No, not at all). Then, individual questions and the five domains were recoded again, such that a “% Agree” score was calculated by adding the “Yes/Mostly” and “Somewhat” responses together into a value of 1. Likewise, a “% Disagree” category was created by recoding the “No, not at all” answers into a value of 2. The average score for each question or domain will have a range of 1.00 – 2.99, with a 1.00 corresponding to a perfect score and indicating high levels of satisfaction. Categories for “don’t know” and “does not apply” were also given on the survey, but these frequencies were treated as missing data because they can not be accurately reflected in the average.

As domain values are comprised of several questions, even one missing or invalid answer for one of the questions, will result in that whole case's exclusion in the domain. This year, a lot of “don’t knows,” or missing data, was observed in the questions that make up

the Choice and Access domain and resulted in a low count of only 266 responses. This is worth nothing because it is not large enough to be statistically significant and is likely unreflective of the sample as a whole. Additionally, due to the presence of more data, averages and percent satisfied on individual questions will often differ from the average and percent satisfied on the corresponding domain score.

1. Family Involvement:

This year, the Family Involvement domain had an overall mean score of 1.50 and an overall 83.8% satisfaction rate. The six individual questions in this domain had mean scores ranging from 1.18 (most satisfied) to 2.16 (least satisfied). Percent satisfied on the individual items ranged from 49.3% to 96.9%. All of these scores are similar to data from both 2005 and 2006.

2. Case Management Services:

The domain had an average mean score of 1.20 and an average 96.4% satisfaction rate. High levels of satisfaction were reported on all three of the individual questions in the domain, with means between 1.15 (most satisfied) to 1.29 (least satisfied). The satisfaction rate ranged from 94.3% to 97.8%. The mean scores and percentage of satisfied responders are similar to 2005 and 2006. This signifies continued family member satisfaction with case management services.

3. Choice and Access:

There are eight questions that comprise the Choice and Access domain. The domain had a mean score of 1.45 and an overall 87% satisfaction rate. The mean scores of the individual question ranged from 1.21 (most satisfied) to 1.97 (least satisfied) and the satisfaction rate was between 64.2% and 96.6%. There was little change between 2006 and this year's survey results.

4. Healthy and Safe Environment:

Two questions make up this domain, one asking about the focus person's living environment, the other asking about the place the focus person stays during the day. The domain average was an excellent score of 1.08 and a 99.0% satisfaction rate, the highest of all the domains. This indicates that almost all the respondents considered the environment where the focus person went during the day, as well as the person's place of residence, to be healthy and safe environments. Year after year, this has been the area of highest satisfaction among survey respondents.

5. Service Reliability:

Service Reliability has traditionally been the area of least satisfaction and 2007 was no different. The domain mean was a 2.50, and the percentage of responders reporting satisfaction was 37.7%. There are four questions that make up this domain, and their means ranged from 2.35 – 2.58. The rate of satisfaction ranged from 31.8% to 49.0%. These low levels of satisfaction seem to signify that staff turnover is a continual problem for most people, regardless of whether it is case managers, support staff, etc.

The mean, standard deviation scores, and the number of valid responses for each question are below in Table 4. The mean scale ranges from 1.00 – 2.99, with lower mean scores representing greater satisfaction. For comparison purposes, the data from the past two years has also been included. Two questions were added to the 2007 survey. The data for these questions are shown under the miscellaneous heading. A second table, Table 5, displays information on the five domains.

TABLE 4: Data on Indicator Questions Grouped by Domain

1. FAMILY INVOLVEMENT DOMAIN	% Agree	% Dis-agree	Mean	Stand. Dev.	Count
Over the past year, have the services provided to the person with MR helped to relieve stress on you family?					
2007	91.8%	8.2%	1.37	0.63	1,104
2006	93.6%	6.4%	1.43	0.46	1,070
2005	92.1%	7.9%	1.38	0.63	1,008
Did you help participate in the development of the person's yearly plan?					
2007	93.7%	6.3%	1.24	0.56	1,181
2006	93.6%	6.4%	1.23	0.55	1,138
2005	92.9%	7.1%	1.30	0.59	1,074
Do you help choose the agencies or providers that serve the person with MR?					
2007	82.6%	17.4%	1.57	0.77	1,087
2006	75.5%	24.5%	1.66	0.85	1,036
2005	77.3%	22.7%	1.64	0.83	1,007
Do you help choose the support staff that work directly with the person with MR?					
2007	49.3%	50.7%	2.16	0.92	1,001
2006	42.4%	57.6%	2.29	0.88	947
2005	46.3%	53.7%	2.23	0.89	1,029
Does staff talk to you about different ways to meet your family needs?					
2007	88.5%	11.5%	1.53	0.69	1,140
2006	87.6%	12.4%	1.56	0.70	1,050
2005	87.0%	13.0%	1.57	0.71	986
Does staff respect your family's choices and opinions?					

	2007	96.9%	3.1%	1.18	0.46	1,181
	2006	97.7%	2.3%	1.17	0.43	1,119
	2005	97.6%	2.4%	1.19	0.45	1,020
2. CASE MANAGEMENT DOMAIN		% Agree	% Dis-Agree	Mean	Std. Dev.	Count
Did you get enough information to help you participate in planning services for the person with MR?						
	2007	94.3%	5.7%	1.29	0.56	1,188
	2006	94.8%	5.2%	1.27	0.55	1,145
	2005	94.7%	5.3%	1.27	0.55	1,096
Can you contact the case manager whenever you want to and get a response within a reasonable time?						
	2007	97.8%	2.2%	1.15	0.41	1,247
	2006	98.8%	1.2%	1.12	0.36	1,195
	2005	97.4%	2.6%	1.15	0.43	1,136
When you ask the case manager for assistance, does he/she help you to get what you need in a timely manner?						
	2007	97.2%	2.8%	1.16	0.44	1,198
	2006	98.4%	1.6%	1.13	0.38	1,169
	2005	96.7%	3.3%	1.17	0.45	1,136
3. CHOICE AND ACCESS DOMAIN		% Agree	% Dis-Agree	Mean	Std. Dev.	Count
If the person with MR does not speak English, or uses a different method of communication, do you feel there is enough staff available to communicate with him/her?						
	2007	94.6%	5.4%	1.27	0.55	649
	2006	94.7%	5.3%	1.29	0.56	601
	2005	96.4%	3.6%	1.28	0.52	644
Do you feel that the person with MR has access to the special equipment or accommodations that he/she needs?						
	2007	96.6%	3.4%	1.21	0.49	828
	2006	95.9%	4.1%	1.21	0.50	748
	2005	94.9%	5.1%	1.25	0.54	810
Do you feel that supports and services are available for the person with MR when needed?						
	2007	95.9%	4.1%	1.29	0.53	1,249
	2006	96.3%	3.7%	1.27	0.52	1,222
	2005	96.7%	3.3%	1.27	0.51	1,281
If you or the person with MR ever asked for the CSB's assistance in an emergency or crisis, was help provided right away?						
	2007	83.7	16.3%	1.48	0.76	785

	2006	86.2%	13.8%	1.41	0.72	767
	2005	88.7%	11.3%	1.36	0.68	691
Does staff help the person with MR get support in the community?						
	2007	82.6%	17.4%	1.58	0.77	1,108
	2006	83.3%	16.7%	1.60	0.76	1,034
	2005	89.4%	10.6%	1.44	0.68	1,015
Are there enough agencies that provide services to people with MR in your area so that may choose one in addition to your local CSB?						
	2007	64.2%	35.8%	1.97	0.86	1,015
	2006	62.1%	37.9%	2.01	0.88	946
	2005	59.7%	40.3%	2.04	0.88	740
Are you satisfied with the way complaints about services are handled?						
	2007	94.5%	5.5%	1.34	0.58	1,061
	2006	95.4%	4.6%	1.29	0.55	1,008
	2005	93.8%	6.2%	1.39	0.60	900
4. HEALTHY and SAFE ENVIRONMENT DOMAIN	% Agree	% Dis-Agree	Mean	Std. Dev.	Count	
Do you feel that where the person goes during the day is a healthy and safe environment?						
	2007	99.2%	0.8%	1.08	0.30	1,207
	2006	99.7%	0.3%	1.07	0.26	1,161
	2005	99.1%	0.9%	1.09	0.32	1,239
Do you feel that where the person lives is a healthy and safe environment?						
	2007	98.7%	1.3%	1.08	0.33	1,276
	2006	99.4%	0.6%	1.08	0.29	1,225
	2005	99.0%	1.0%	1.09	0.31	1,243
5. SERVICE RELIABILITY	% Agree	% Dis-Agree	Mean	Std. Dev.	Count	
Frequent changes in staff that work directly with the person with MR have been a problem.						
	2007	49.0%	51.0%	2.35	.74	1,149
	2006	46.7%	53.3%	2.42	0.68	1,083
	2005	45.0%	55.0%	2.37	0.77	1,121
Frequent chances in case managers have been a problem.						
	2007	32.0%	69.0%	2.58	.67	1,037
	2006	26.5%	73.5%	2.67	0.60	1,008
	2005	28.4%	70.6%	2.58	0.72	981
Frequent changes in residential, respite, or Personal care staff have been a problem.						
	2007	38.1%	61.9%	2.50	0.69	935
	2006	35.5%	64.5%	2.55	0.67	851
	2005	32.3%	67.7%	2.51	0.68	823

Frequent changes in day support/employment staff have been a problem.					
2007	31.8%	68.2%	2.57	0.68	942
2006	31.3%	64.5%	2.59	0.67	945
2005	30.2%	69.8%	2.55	0.67	930
MISCELLANEOUS QUESTIONS	% Agree	% Dis-Agree	Mean	Std. Dev.	Count
Do you or your family member want to have control and/or input over the hiring and management of your support workers					
2007	78.7%	21.3%	1.66	0.81	957
Does your family member participate in community activities?					
2007	82.8%	17.2%	1.73	0.73	1,195

TABLE 5: Statistics and Percentage of Satisfied Respondents on Domains

DOMAIN	Count	Mean Score	Standard Deviation	Overall % Satisfied
Healthy and Safe Environment	1,191	1.12	0.35	99.4%
Choice and Access to Services	266	1.30	0.60	92.5%
Family Involvement	781	1.29	0.53	96.3%
Case Management Services	1,123	1.17	0.42	98.3%
Service Reliability	696	2.50	1.00	32.3%

D. Quality of Life

Two quality of life questions designed to measure the focus person's overall progress are included on the survey. The questions had a 3-point Likert scale, where 1 represented "better than expected of better off this year," 2 "same as expected or same as last year," and 3 "not as good as expected or worse than last year." Forty-six percent felt that the focus person was better off than last year and close to 41% felt that the person's progress was better than expected. Only a small percentage of people felt the focus person was worse off than the previous year or had not progressed as much as expected. All of these results are similar to previous years'. Descriptive statistics and the percentage of people who thought the focus person was the same as last year or progressed the same as expected are displayed in Table 6.

TABLE 6: Quality of Life Data

QUALITY of LIFE QUESTIONS		% Better Off or Better than	% Same As	% Not as good or Worse off	Mean*	Std. Dev	Count
Overall, do you feel that the person with MR is better off than, the same as, or worse off than last year?							
	2007	46.4%	47.7%	5.9%	1.59	0.60	1,256
	2006	46.3%	49.1%	4.7%	1.59	0.61	1,200
	2005	47.0%	46.7%	6.3%	1.57	0.60	1,078
Overall, do you feel that the person with MR's progress has been better than expected, the same as expected, or not as good as expected?							
	2007	41.1%	51.2%	7.7%	1.67	0.61	1,252
	2006	38.6%	54.3%	7.1%	1.72	0.61	1,194
	2005	36.7%	54.6%	8.7%	1.70	0.60	1,058

* The mean ranges from 1.00 – 3.00, with a lower score representing a more positive response

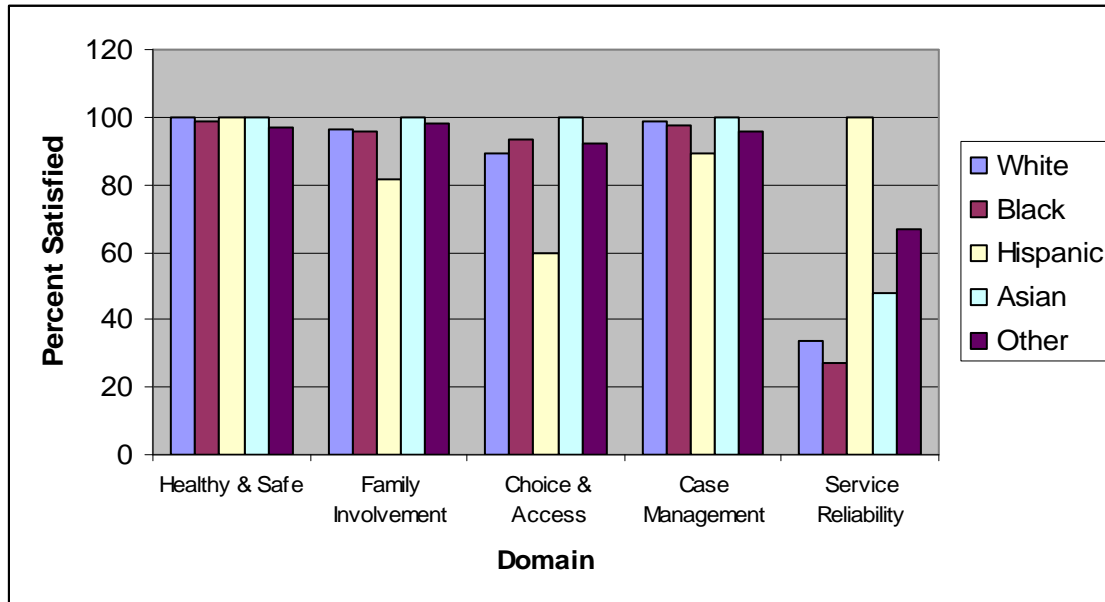
E. Demographics and Domain Satisfaction

To analyze domain satisfaction across different demographic distinctions, the cross-tab function in SPSS was used to analyze data on race/ethnicity, age, and Health Planning Regions. Due to low counts, the categories of “Alaskan Native,” and “American Indian” were collapsed into the “other” category.

Domain Satisfaction by Race/Ethnic Variable:

With few exceptions, there was little to no observed differences in satisfaction between racial and ethnic groups. Of note is that Hispanics showed the least satisfaction in the Choice & Access and Family Involvement domains, perhaps as a result of language or cultural barriers. There was also some notable variation in satisfaction in the Service Reliability domain. In contrast to Choice and Access and Family Involvement, Hispanics were the most satisfied with Service Reliability, however only a few respondents answered all the questions in this domain. Also of note is that Whites and African-Americans were less satisfied than their counterparts in the Service Reliability domain.

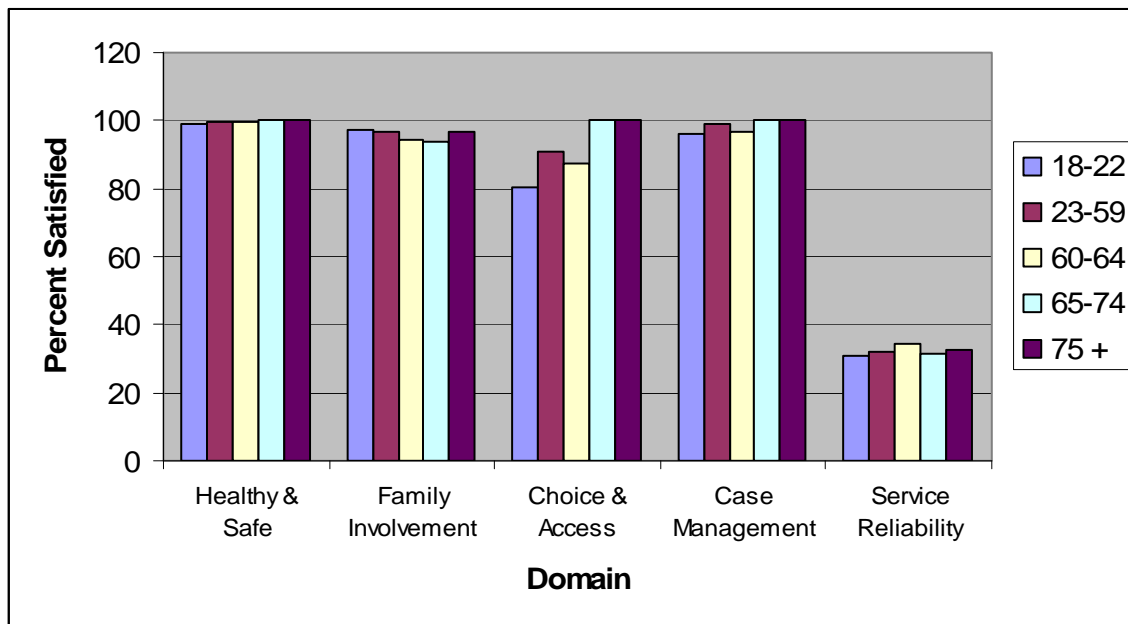
FIGURE 1: Domain Satisfaction by Race/Ethnic Identity



Domain Satisfaction by Age Variable:

There was little change in domain satisfaction rates expressed between focus persons of different ages. The greatest differences in satisfaction can be observed between the 18-22 age group and those 65 and above on the Choice and Access domain.

FIGURE 2: Domain Satisfaction by Age Range



Domain Satisfaction by Health Planning Region

Beginning in 2006, this report clustered CSBs by Health Planning Region (HPR), which are five geographic regions recognized by DMRMHSAS and the CSBs themselves. It was determined that this is a better strategy for analysis, as the groupings will not change from year to year. Additionally, there has been an emphasis put on CSBs to work within their respective HPR to provide better services to consumers.

HPR 1: Central Virginia CSB, Harrisonburg-Rockingham CSB, Northwestern CSB, Rappahannock Area CSB, Rappahannock-Rapidan CSB, Region Ten CSB, Rockbridge Area CSB, Valley CSB

HPR 2: Alexandria CSB, Arlington CSB, Fairfax-Falls Church CSB, Loudoun County CSB, Prince William County CSB

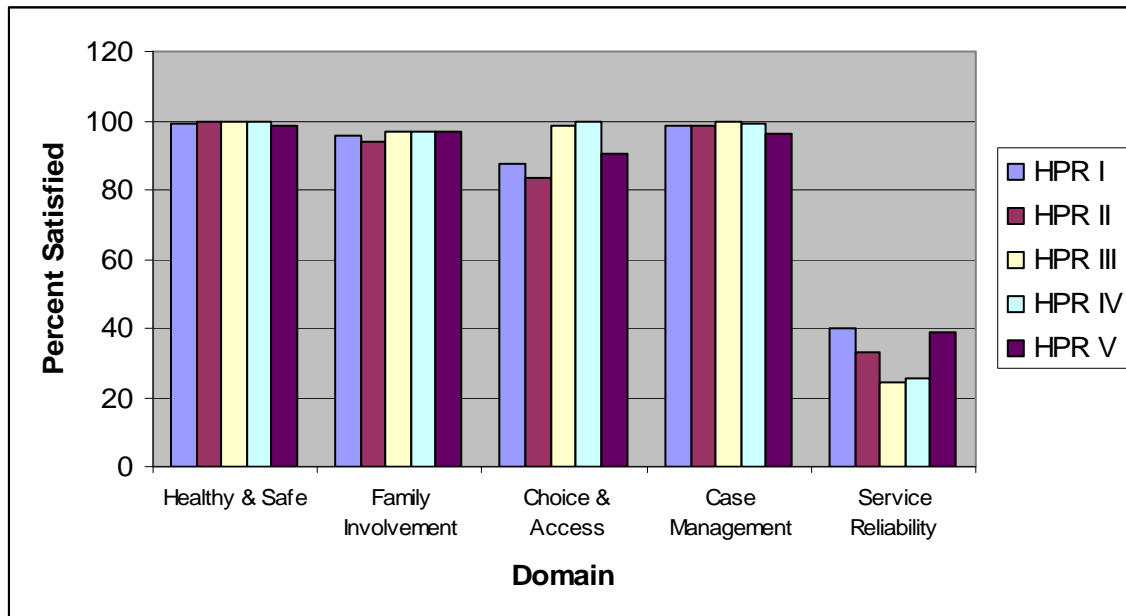
HPR 3: Alleghany-Highlands CSB, Cumberland Mountain CSB, Danville-Pittsylvania CSB, Dickenson CSB, Highlands CSB, Mount Rogers CSB, New River Valley CSB, Piedmont CSB, Planning District 1 CSB, Blue Ridge Behavioral Health Authority

HPR 4: Chesterfield CSB, Crossroads CSB, Goochland-Powhatan CSB, Hanover County CSB, Henrico Area MH & MR Services, Planning District 19 CSB, Richmond Behavioral Health Authority, Southside CSB

HPR 5: Chesapeake CSB, Colonial MR & MR Services, Eastern Shore CSB, Hampton-Newport News CSB, Middle Peninsula-Northern Neck CSB, Norfolk CSB, Portsmouth, Virginia Beach CSB, Western Tidewater CSB

There was little exhibited variation among Health Planning Regions and their satisfaction on three of the domains: Family Involvement, Case Management, and Healthy and Safe Environment. HPR 3 and 4 showed the least amount of satisfaction in the Service Reliability domain at a rate of 22%. HPR 1 and 5 were both around 40% satisfied, while family members/guardians of focus persons in HPR 2 were about 25% satisfied in this domain. The Choice & Access domain showed some difference among regional satisfaction. HPR 1, 2 and 5 were all roughly about 83% satisfied compared to nearly 100% of respondents in HPR 3 and 4.

FIGURE 3: Domain Satisfaction by Health Planning Region



V. IMPLICATIONS AND RECOMMENDATIONS

Conclusions:

Overall, the results from this year's survey were similar to the previous year. This seems to signify that the quality of services and service delivery are remaining constant over time.

The Case Management, Family Involvement and Healthy and Safe Environment domains continued to have high satisfaction. Year to year, respondents are consistently reporting that they are able to get in touch with the case managers when they need too, the case managers are assisting family members when requested, and case managers are providing information to the family members. CSBs should continue to support their case managers and acknowledge the excellent job they are doing, as well as involve the family/guardian in decision making.

However, service reliability remains an area of low satisfaction for the survey respondents. Respondents are continuing to express their unhappiness and dissatisfaction regarding high levels of personnel turnover and changes. Efforts need to be made to recruit and retain employees who will remain in their positions, as it affects the consistency of the focus persons' service delivery. This is especially vital as data indicated that the respondents are highly satisfied with the job the case managers and other staff members are doing.

The quality of life data shows that less than 6-8% of respondents feel the focus person is worse off or made worse than expected progress in the year.

There are some “behind the scenes” issues that are not touched upon in this survey and may have an indirect impact on the answers given. One thing that might affect the respondents’ answers are their own level of involvement in the focus person’s life. It is conceivable the main caregiver did not fill out the survey but may have passed it off to another family member who is not as aware of the focus person’s services and goals. This issue should be taken into consideration when studying the survey results.

Dissemination Method:

The survey form for the 2006 MR Services Family Survey was distributed in the same fashion as the previous years’ surveys. Forty separate forms were created, one for each CSB, with the CSB ID number and name preprinted on the first page. Each CSB received copies of their specific form and were instructed to distribute them to the targeted respondents at the annual meeting for the individual. However, it is recommended that an alternative method be employed to try and reach more respondents. The response rate has dropped in the last two years and will likely continue to do so. It is suggested that an online version be created and e-mailed out to the parents/guardians of the focus person in addition to passing the forms out at the annual planning meeting. This computer automation will help eliminate human data entry errors. Other options are to stress the survey’s importance to the CSB’s directors so that they can discuss disseminating the survey with their staff. It is thought that if staff members become more knowledgeable of the importance of completing and returning the surveys, then they will communicate this to the targeted respondents.

Limitations and Recommendations:

The data was analyzed at the state level and serves only as a reflection of trends across Virginia in the year 2007. These findings are based on the limitations discussed in the Executive Summary, which prevent conclusive interpretations of the findings. The results of this survey reflect the perceptions of only those family members/guardians who had a family member with intellectual disabilities under active case management for at least a year, and who chose to complete the survey. It is conceivable that some adults with intellectual disabilities are receiving services that do not include case management, therefore rendering them ineligible for inclusion in this survey. Therefore these results cannot be generalized to this population as a whole and it is recommended that the inclusion of any adult receiving CSB services be a consideration for future studies.

It is also suggested that the survey instrument itself be reworked to follow a more standard 1 to 4 Likert scale format, where 1 represents “strongly disagree” or “strongly dissatisfied.” The expansion of response categories with clearer labels might yield richer

and more meaningful data. Additionally, the current method of adding together two response categories (Yes mostly, and Somewhat) into the “Percent Agree” naturally yields a higher percent than that of the one response category (No not at all) that makes up “Percent Disagree.” Although these changes will make past year-to-year comparisons difficult, it should be considered a necessary improvement to the survey, especially as NCI comparisons are no longer being used.

Despite these points, the survey clearly contributes to a greater understanding of family member/guardian perceptions about the mental retardation services received by the focus person. The survey’s findings continue to be important contributions to identifying areas of improvement for the CSBs and the population they serve.

VI. APPENDIX



MENTAL RETARDATION SERVICES FAMILY SATISFACTION SURVEY 2007



Please answer each question by completely filling in the circle that best represents your situation. Please choose only ONE response for each question.

CASE MANAGER:

Does the person have Medicaid?

☐ Yes ☐ No

Shade Circles Like This--> ●

Not Like This--> ☒ ☐

CSB Code 0 1 2 3 4 5 6 7 8 9

● ○ ○ ○ ○ ○ ○ ○ ○ ○
● ○ ○ ○ ○ ○ ○ ○ ○ ○
○ ● ○ ○ ○ ○ ○ ○ ○ ○

1. What is your age (the age of the person filling out the survey)?
☐ Under 18 ☐ 18-22 ☐ 23-59
☐ 60-64 ☐ 65-74 ☐ 75+
2. What is the race of the person with mental retardation?
☐ Alaskan Native
☐ Asian
☐ White, Non-Hispanic
☐ American Indian
☐ Black/African American, Non-Hispanic
☐ Hispanic
☐ Native Hawaiian or other Pacific Islander
☐ Other
3. About how often do you see the person with mental retardation?
☐ Daily ☐ Once/month ☐ Once/year
☐ Once/week ☐ A few times a year ☐ Less than once/year
4. What is your relationship to the person with mental retardation?
☐ Parent (biological or adoptive) ☐ Brother/Sister ☐ Aunt, uncle or grandparent
☐ Husband/Wife ☐ Provider ☐ Other
☐ Male ☐ Female
5. What is the gender of the person with mental retardation?
☐ Male ☐ Female
6. With whom does the person with mental retardation live?
☐ A family member ☐ Out of the family home (i.e. group home or supervised apt.)

Please fill in ONE circle for each question below that best describes your opinion about mental retardation services. Choose only ONE answer.	Always or Usually 1	Some- times 2	Seldom or Never 3	Does Not Apply 9
1. Do you feel that where the person goes during the day is a healthy and safe environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you feel that where the person with mental retardation lives is a healthy and safe environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If the person with mental retardation does not speak English or uses a different way to communicate, (ex. sign language or communication board), do you feel that there are enough staff available who can communicate with him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel that the person with mental retardation has access to the special equipment or accommodations that he/she needs (ex. wheelchairs, ramps, communication boards)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you feel that supports and services are available for the person with mental retardation when needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you or your family member want to have control and/or input over the hiring and management of your support workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Does your family member participate in community activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Have frequent changes in staff who work directly with the person with mental retardation been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to next side to complete survey



MENTAL RETARDATION FAMILY SURVEY

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Please fill in ONE circle for each question below that best describes your opinion about the mental retardation services you and/or your family member received. Choose only ONE answer.

	Always or Usually 1	Some- times 2	Seldom or Never 3	Does Not Apply 9
9. If you or the person with mental retardation ever asked for the CSB's assistance in an emergency or crisis, was help provided right away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do staff help the person with mental retardation get supports in the community, such as services offered through recreation departments or churches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 a. Have frequent changes in case managers been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 b. Have frequent changes in residential, respite or personal care staff been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 c. Have frequent changes in day support/employment staff been a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Over the past year, have the services provided to the person with mental retardation helped to relieve stress on your family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did you get enough information to help you participate in planning services for the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did you participate in the development of this person's yearly plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Can you contact the case manager whenever you want to and get a response within a reasonable time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When you ask the case manager for assistance, does he/she help you to get what you need or give you information in a timely manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do you help choose the agencies or providers that support the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do you help choose the support staff that work directly with the person with mental retardation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Do staff talk to you about different ways to meet your family's needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Do staff respect your family's choices and opinions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Are there enough agencies that provide services to people with mental retardation in your area so that you may choose one in addition to your local community services board?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are you satisfied with the way complaints about services are handled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. What services does the person with mental retardation receive in addition to case management (Select all that apply)				
<input type="radio"/> Residential <input type="radio"/> Employment <input type="radio"/> Day Support <input type="radio"/> Respite <input type="radio"/> Personal Care <input type="radio"/> Other				
23 a. If employed, how long has the person with mental retardation been employed at current job?				
<input type="radio"/> Less than 6 months <input type="radio"/> 6-12 months <input type="radio"/> 13-24 months <input type="radio"/> Over 2 years <input type="radio"/> Not employed				
24. How often has the person with mental retardation changed living situations in the past year.				
<input type="radio"/> None <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> Three times <input type="radio"/> Four or more times				
25. Overall, do you feel that the person with mental retardation is better off this year than last year, the same as last year, or worse than last year (behavior, attitude, happiness)?				
<input type="radio"/> Better off this year <input type="radio"/> The same as last year <input type="radio"/> Worse than last year				
26. Overall, do you feel that the person with mental retardation's progress has been better than expected, same as expected or not as good as expected?				
<input type="radio"/> Better than expected <input type="radio"/> Same as expected <input type="radio"/> Not as good as expected				



Thank you. Please return in the enclosed, pre-paid envelope.

